

## 1 PLACE OF DEATH

County Jackson  
 Civil Dist. 12  
 or Village Mayfield  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 11  
 Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Still Barn West

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
 (Write the word)

6 DATE OF BIRTH August 17, 1920  
 (Month) (Day) (Year)

7 AGE Still Barn If LESS than 1 day, ---- hrs. or ---- min.?  
 ---- yrs. ---- mos. ---- ds.

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER J. S. West

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Barrie Phedney

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. M. McLean  
Ganesboro Tenn R #3  
 (Address)

15 Filed Aug 20, 1920 by J. B. Billingsly  
Ganesboro Tenn REGISTRAR

FORM V. S. No. 4-100M

FOSTER &amp; PARKER CO., NASHVILLE

R #3

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 17, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Still Barn

(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) \_\_\_\_\_

(Duration) ---- yrs. ---- mos. ---- ds.

(Signed) N. M. McLean M. D.  
Aug 20, 1920 Ganesboro Tenn R #3  
 (Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Still Barn DATE OF BURIAL Aug 17, 1920

20 UNDERTAKER J. B. Billingsly ADDRESS Ganesboro Tenn R #3

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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